

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
	<i>me</i>		10/17/01
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			1010-29-01
FORMALITY REVIEW	E-H	765	11-15-01
RESPONSE FORMALITY REVIEW			
<i>Abu</i>	<i>request</i>	0316764	11-06-03

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final	
Original	
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If more than 150 claims or 10 actions
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03/18/11-15-01

03/18/11
11-06-03

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